

Assembly Select Committee on Alcohol and Drug Abuse Summary of August 30, 2007 Hearing

Introduction

The purpose of the August 30th hearing was to build a better understanding of the scope of the substance abuse problem in California and identify gaps and barriers to successful treatment outcomes. Specifically, ADP was requested to provide select committee analysis on the following discussion items:

1. Barriers and gaps in services;
2. Ability to collaborate across systems;
3. Data on number of individuals being served and type of treatment program;
4. Wait lists;
5. Description of existing screening tools including point of time individuals are screened in relevant systems; and
6. Review of existing programs and providers.

ADP Director, Rene Zito's verbal testimony primarily focused on an overview of the gaps in services. Additionally, she provided the select committee written testimony which addressed most of the above requested discussion points.

Trends

The number one drug of choice across all counties statewide is Methamphetamine followed by alcohol, heroin and marijuana. ADP estimates that a total of \$593,883,000 will be expended for FY 06/07. Of that amount, \$553,240,000 will be expended on regular AOD treatment and \$49,643,000 expended on perinatal AOD services.

Many Californians suffering from addiction do not get treatment. According to Director Zito, last year nearly 3 million Californians had a drug and alcohol problem yet less than 200,000 were admitted to non-detoxification treatment services or detoxification services. In FY 05/06 a total of 153,365 unique clients were admitted to non-detoxification treatment services and 27,846 admitted entered detoxification services. Ages 21-45 represent the majority of clients in treatment.

ADP data indicates that most individuals seeking treatment are able to get into a program fairly quickly w/in 3 days. Absent residential treatment, over 80% of individuals get into treatment w/in 3 days. Even wait times for residential treatment is lower than one would expect – approximately 3 quarters getting treatment w/in 9 days. (25.7% take 10 or more days)

Gaps in Services

Director Zito outline what she considered the four largest gaps in services, inadequate treatment for women and youth, prevalence of co occurring disorders, and need for improved treatment standards and licensing of treatment facilities.

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An estimated 1 million women in California need treatment but did not receive it. According to Director Zito, treatment for women needs to be gender specific to be effective. This is because 90% of women in treatment have suffered some sort of trauma and as a result suffer from post traumatic stress disorder. The need to educate women about the impacts of post traumatic stress disorder is a major difference between effectively treating men and women.

To begin to address this gap ADP has change the name of the perinatal division to the State of California's Office of Women's and Perinatal Services (OWPS) in order to emphasize that a silo female, or women who is not pregnant, would not be precluded from treatment. Additionally, she increased the number of staff assigned to this office. Since her arrival, the Director has increased staff from 3 to 7 positions and she plans to hire 4 more positons in the near future to work on women's issues. Finally, ADP is in the process of developing standards for licensed treatment facilities for women. They are also looking at a special credential for counselors and are developing a Fetal Alcohol Spectrum Disorder (FASD) public awareness campaign to educate women on the dangers of consuming alcohol and drugs while they are pregnant.

Alcohol and drug treatment and prevention services to youth was also identified as a major gap. The 2003-2004 National Survey on Drug Use and Health found that at least 188,000 adolescents (ages 12-17) in the state of California have a substance abuse problem requiring treatment. However, less than ten percent of these adolescents received substance abuse treatment in 2006. Many treatment providers speaking under public comments supported this conclusion. It is evident that there is a strong need to provide more age appropriate treatement services. Currently, the bulk of the state general fund dollars are geared towards adult treatment. Adolescent treatment is more expensive and specialized. Additionally, concerns were raised that youth were trying drugs at a younger age and many youth are purchasing prescription drugs over the internet.

ADP highlighted two youth prevention and treatment programs that are currently funded, Friday Night Live and the CARE program.

Assemblymember Calderon expressed concern that that there is little funding available for youth programs and no funding is dedicated to youth 14 and under. Assemblymember Calderon asked the Department to inform the committee on their strategy to get more funding for youth programs. Specifically, what is the administration doing to prioritize and get more funding for youth; even if the State has to shift funds from existing programs?

There was some discord among the Committee regarding shifting funds. Assemblymember Bass expressed concern about shifting existing dollars because all substance abuse programs are under funded. She expressed an interest in the committee exploring potential funding streams such as the current effort to pass another Prop 36 to help fund more services.

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The lack of comprehensive treatment for individuals suffering from co-occurring disorders was identified as the third gap. According to Director Zito's written testimony, substance abuse treatment agencies found 50 to 75 percent of their clients had a lifetime co-occurring mental disorder. Untreated mental health disorders create an additional barrier to an addict's successful treatment. Additionally, funding for mental health services in California is limited to clients with severe mental illness (SMI) and is not readily available to address those mental health disorders that generally accompany AOD clients.

Finally, the lack of standards and licensing of treatment counselors and programs was identified as gap. Currently, state law requires treatment facilities to license their actual building. Certification and licensing of most outpatient services are voluntary.

ADP is in the process of creating standards for residential and outpatient services to address this gap. They also support Senator Wiggins' bill that would require certain types of facilities to be licensed. Sober living programs would be excluded from the Senator's bill according to Director Zito.

Coordinating with Departments

There is little coordination among departments serving clients in multiple systems with alcohol or drug abuse problem. The written report specifically mentions collaboration in serving clients with co-occurring disorders.

Ongoing coordination and analysis of demographic data between multiple departments such as the Department of Mental Health or Social Services remains challenging and requires specific approval for the creation of cross-program data linkages due to privacy protections and limitations on use of data under current state and federal law.

Screening and Assessment

There is no mandated common screening and assessment tool. As a result, screening and assessments vary by county. Director Zito reviewed the most common assessment tools, the Addiction Severity Index (ASI) and the American Society of Addiction Medicine's Patient Placement Criteria (ASAM-PPC). The ASI examines seven biopsychosocial areas: medical status, employment/support status, alcohol use, drug use, legal status, family/social status, and psychiatric status. The ASAM-PPC addresses six biopsychosocial dimensions: acute intoxication and/or withdrawal potential, biomedical conditions and complications, emotional/behavioral or cognitive conditions and complications, readiness to change, relapse/continued use or continued problem potential, and recovery/living environment.

Assemblymember Jim Beall, Jr. stressed the importance of early prenatal screenings and assessments. He requested ADP clarify what the status is for prenatal, newborns and infants screening in California and research whether First 5 California provides funding for these types of screenings. Additionally, he requested ADP report back on California's progress implementing new federal rule changes in Medicare that will allow more

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funding for diagnostics. The report should include which states are maximizing the benefits of the rule changes best.

After Director Zito's formal testimony concluded Chairperson Jim Beall, Jr. opened the meeting up for questions. During this time, Assemblymember Jim Beall, Jr. presented information from a SAMSHA study which shows a massive cost shift in mental health and especially substance abuse spending from private insurance to the public sector. He asked Director Zito what her strategy would be to stop the decrease. Director Zito replied that to stop the cost shift trend there needs to be legislative pressure placed on insurance companies.

Public Comments

There were six individuals who provided verbal testimony at the hearing. Additionally, the Committee received written testimony from the following organizations/individuals:

1. Blueprint For The States - Michael S. Dukakis Chair and Sydney Gardner, member of the panel on behalf of the entire panel
2. Prevention Partnership International - Rosemary Tisch, Director
3. National Council on Alcoholism and Drug Dependence of Long Beach (NCADD) – Rod Williams, Acting Executive Director

All select committee members were provided copies of the written testimony. Additionally, written testimony is available to the public upon request.

The proceeding paragraphs briefly highlight the key points made by speakers.

Michael Pritchard, ED of Pathway Society

Mr. Pritchard discussed the lack of services to adolescents and provided several statistics supporting this fact. According to Mr. Pritchard, only 1 in 14 adolescents get treatment in Santa Clara County. He requested the Committee consider two areas, funding for youth programs and the need for more quality school based support such as counselors and prevention programs.

David Pating, M.D., President, California Society of Addiction Medicine)

Dr. Pating provided information regarding adolescent treatment in California. He stressed that California is in a state of crisis over the lack of substance abuse treatment for children and teens. He cited multiple reports that detailed the problem and demonstrated a high need for additional youth resources including the 2004 report by the Charles and Helen Schwab Foundation, the 2003 report by the California Little Hoover Commission and the 2002 Report by the Physicians Leadership in National Drug Policy.

According to Dr. Pating, California suffers from two woes: lack of funding for adolescent drug treatment and lack of coordination of services. Dr. Pating presented the committee with treatment guidelines that he believed were effective. According to Dr. Pating, to improve treatment for youth in California we must 1) prevent and delay drug use, 2) facilitate early diagnosis of substance abuse, 3) assure adequate public and private

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treatment funding and 4) coordinate services. Finally, Dr. Pating presented recommendations to meet the four goals above. Recommendations are outlined in his written testimony.

Jason Kletter, California Opioid Maintenance Providers (COMP)

Mr. Kletter acknowledged the Committee's effort to educate the public that alcohol and drug abuse is a chronic medical condition not a behavioral problem. He also stated that methadone treatment for opiate addicts is very effective according to studies.

Assemblymember Jim Beall, Jr. inquired whether methadone treatment is currently provided in California state prisons or county jails. According to Mr. Kletter, California prisons do not provide inmates addicted to opiates methadone treatment, hence, inmates go through severe withdraws often requiring them to be admitted to special medical facilities within the CDCR setting. Although state prisons do not provide treatment some counties do have methadone treatment programs. Assemblymember Jim Beall, Jr. requested Mr. Kletter to provide the Committee with any information or statistics regarding county jails that permit methadone treatment and any known cost savings.

Assemblymember Bass asked Mr. Kletter if an addict had to be on methadone for life and expressed concern regarding the limited counseling provided to addicts enrolled in methadone programs. There was some discussion between Assemblymember Bass and Mr. Kletter regarding these two discussion items.

Mr. Kletter responded that the length of time an addict needs to be on methadone depends on the individual. Some addicts are on methadone for the rest of their lives. He also stated that counseling has increased since 1997 as a result of the legislature reworking the reimbursement rate.

Tom Renfree, Executive Director, California County Alcohol Administrators Association

Mr. Renfree informed the committee that the vast majority of people in California would support a 5 cent alcohol tax increase if the proceeds went to pay for direct services. He commented that the current system to fund alcohol and drug programs is bifurcated and the money should be redirected to the single state agency, such as ADP. He also supports the Little Hoover Commission recommendation to have a high level cabinet position or department and expanding Drug MediCAL to cover adolescent services.

Jim Lindburg, Friends Committee on Legislation of California

Mr. Lindburg stated that it is important for the information discussed at the hearing to be shared with the Governor.

David, California Association Addiction of Resources

David informed the committee that his organization has worked with ADP on several issues and he believes ADP is doing a good job. He also stated that workforce development and recruitment for counselors needed to be improved.

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Assemblymembers' request for more information and comments

Assemblymember Jim Beall, Jr.

Request for additional information

1. Assemblymember Jim Beall, Jr. requested the ADP clarify what the status is for prenatal, newborns and infants screening in California and research whether First 5 California provides funding for these types of screenings.
2. Additionally, he requested ADP report back on California's progress implementing new federal rule changes in Medicare that will allow more funding for diagnostics. Report should include which states are maximizing the benefits of the rule changes best.

Assemblymember Jim Beall, Jr. expressed an interest in looking at screening and assessment in order to ensure the State is maximizing Medicaid funding.

3. Expressed an interest in a methadone treatment model in the jails and wanted more information regarding the incarceration classification system for prisoners and costs for each step. (CDCR) Assemblymember Jim Beall, Jr. requested Jason Kletter from California Opioid Maintenance Providers provide the Committee with any information or statistics regarding county jails that permit methadone treatment and any known cost savings.

Comments:

Assemblymember Jim Beall, Jr. presented information from a SAMSHA study which shows a massive cost shift in mental health and especially substance abuse spending from private insurance to the public sector. He asked Director Zito what her strategy would be to stop the decrease. Director Zito replied that to stop the cost shift trend there needs to be legislative pressure placed on insurance companies.

Assemblymember Bass

1. Expressed an interest in the committee exploring potential funding streams such as the current effort to pass another Prop 36 to help fund more services.
2. Regarding Senator Wiggins bill on licensing treatment facilities, Assemblymember Bass requested clarification regarding the types of facilities that are included in this bill? She specifically wanted to know if sober living facilities were included. A) Director Rene Zito clarified that sober living facilities were not included in the bill.

Assemblymember Calderon

1. Expressed concern that there is little funding available for youth programs and no funding is dedicated to youth 14 and under. Asm. Calderon asked the Department to inform the committee on their strategy to get more funding for youth programs. Specifically, what is administration doing to prioritize and get more funding for youth even if you have to shift from other existing program?

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There was some discord among the Committee on shifting funds. Assemblymember Bass expressed concern about shifting existing dollars because all substance abuse programs are already under funded.